			Contract	l ,	
UNITED S	UNITED STATES HOUSE OF REPRESENTATIVES		FORM B  LEGISLATIVE RESOURCE CENTE For New Members, Candidates, and New Employees 10 AM 10: 47	WEMPHOYEES O AN IO: 47	Page 1 of 10
Name: Candius M.	ndius M. Stearns	Daytime Telephone:	3	HOUSE OF REPRESENTATIVES	€41
FILER	New Member of or Candidate for State: MI U.S. House of Representatives District: Candidates – Date of Election: November 6, 2	2018	Check if Amendment	(Office	(Office Use Only)
SIAIUS	New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Shared Principal Assistant	Period Covered: January 1. 2018 to September, 14 2018	A \$200 penalty shall individual who files	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMIN/	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	F THESE QUES	STIONS		
A. Did you, you a. Own any n end of the b. Receive m asset dunir	A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No L	Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?		Yes No
C. Did you or you honoraria, or pen reporting period?	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes reporting period?	<b>₹</b>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	reement or arrangement with an period or in the current calendar	Yes No X
D. Did you, you tiability (more the	D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	<b>*</b>	Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	an \$5,000 from a or years?	Yes No
	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSW THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQU	RESPONDING SC		ER "YES" RED TO COMPLETE	
EXCLUSIO	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF	TINFORMATIO		THESE QUESTIONS	
TRUSTS - Deta	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be from this report details of such a trust that benefits you, your spouse, or dependent child?	e on Ethics and certain cent child?		disclosed. Have you excluded	Yes No X
EXEMPTION exemption? Do	EXEMPTION Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	l' income, or liabilities of nittee on Ethics.	a spouse or dependent child because they m		Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: Candius M. Stearns Page 2 of 10

SP	5			ኳ		Ę	8,8,1	prox exact e
TransAmerica		DFB TPA Servi Svos., Troy. MI	Of Benefits, in	PNC		Examples		BLOCK.  Assets and/or Inc.  dentify (a) each asset he production of income and will be end of the end of th
merica	Fidelity IRA Accts	DFB TPA Services, LLC, 3nd Party Admin Svcs., Troy, M	DF Benefits, Inc., Insurance Sales, Troy, MI	Bank Accts		Simon & Schuster	Mega Corp Slock	A in the state of
					×	_	<b>1</b>	
·:	7.7		- ·	Dist.		╁	<del> </del>	e care care care care care care care car
* ; ,				283.90	<u> </u>	2	;	\$1,001.\$15,000
s.'3	. :	X	. :	(6)	. 4.2	diamin	<b>-</b>	\$16,001.\$50.000
X	-		X			1	×	\$50,001-\$100,000 m
7.1.4.	de.	. (G	4 3 3	Ž,	, AKB	18	.,4,	\$50,001-\$100,000  **Set thought the set that
	X				×	Г		\$250,001-\$500,000 G
99	. 🖏			griff.	i i	Ş.		\$500,000 \$1,000,000
			-			Γ		# \$2 ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±
		1	×1		144. 1	(7) (*)		\$5,000,000 = \$ \$ \$ \$ \$ \$ \$ \$ \$
						Γ		\$25,000,001 \$50,000,000
1		) (V		012		Į.		Ow \$50,000,000
						L		
	(1) (m)	N. S.	É,	300	1,5			HONE OF THE PROPERTY OF THE PR
				ļ	l		×	DMDENDS \$ 1 \$ 8 \$ 1 \$ 2 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
77		7 TE	2	4	1.1	Τ		RENT STATE OF THE
				X		T	Ī	DMDENDS Type ( A) IRA of Standards taxed  act and cate  act and cate  act and cate  interest  INTEREST
34	1 4	(1)	- (A)	81.	1.00		1.0	MONE  Type of Income that generale tax-defaired income that generale tax-defaired income that IRA or \$29 accounts), yo, the decident of the asset generaled CAPITALIGAINS  EXCEPTED/BLIND TRUST  TAX, DEFERRED
						T		CAPITALIGAINS SECOND TRUST SECO
×	×	1,550	103			10.7	,,,	NONE  Check all columns that apply For that generate tax-deferred income dol(N), IRA or 529 accounts), you may be "Tax-Deferred" or assets feel at taxable secount "None" if the asset generated must be decided at a during the reporting period.  EXCEPTEORIED TRUST  TAX-DEFERRED  TAX-DEFERRED
	×1.17*	Businoss	S-Corp		Partnership	Royaties		NONE  Type of Income  BLOCKC
	,		ð	111 54	noome	8		
X	X.	X	V 4.	\$\$\frac{1}{2}\$	,	4.3	_	None and the same
, 40		12760		24.7%			×	None \$1.5200  \$201-\$1,000  \$1,001-\$2,500  \$2,501-\$5,000  COurn XII is for assets for which you seem if it no inco
		100		<u> </u>	* \.	1	1	\$201.41,000 × 100
*	-	ger in		ål:T-				\$1,001-\$2,500
1 (20)	,03	100	(26)	Agr. 17.11	- 20 - W	f	-0.8	\$2.501,45,000
100	. (,	1970	X	<u> </u>	-	10		\$15,001,860,000 -
				18.	1	╁		\$15,001,\$60,000 -2
135		15.		133	1	†	١.	\$100,000,121,000,000
	,			-	1	+	<del> </del>	\$1,000,001-85,000,000
30		٠ <u>٠</u> ٠		المراجعة المراجعة		87	13.3	Ower \$5,000,000
								\$1,000,001-\$5,000,000   Diver \$5,000,000   Spouse/DC Income over \$1,000,000*  None \$ 1,000,000*  \$ 2
X	X	X	X	713	43.		ان ا	Spourse/DC Income over \$1,000,000*
				X		I		\$1-\$200 = \$\frac{1}{2} \frac{1}{2} 1
. 5		, Ş., ·				1	×	1201.51,000 a m m m m m m m m m m m m m m m m m
<u> </u>	L.		_	ļ.,,	$\perp$	1		### Amount of Income  #### Amount of Income  ###################################
13.	1	. P	14			L	<u> </u>	\$2,501,\$5,000
	ļ	-		$\vdash$	1	×	<del> </del>	\$5,001.\$15,000 ≤ <b>6.</b> 3 5 7 7 8 8 8 7 7 8 8 8 7 7 8 8 8 8 8 8 8
)	$\vdash$	1	1	100	: ×	18	1 4	\$15.001\$50,000 \\ \tag{2}
,				╄	, "; ,	+	8 2.2	\$50,001-\$100,000
<u> </u>	F-	1	100	- 25	1 1	+	-	\$1,000,001-\$5,000,000 R. \$1,000,000 ×
H	ડુંલું હે	+	が見る	100	- C-20	+	SQUE.	Cyes \$5,000,000
$\vdash$		1-	4	╄	15.	十	1	SpousefOC Income over \$1,000,000°
ــــا				1		┷		Separate of the Alikewith of the Alikewi

# SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Candius M. Stearns

Page 3

**10** 

	-			ጟ ፘ											į				
Assets and/or income Sources				ASSET NAME EF		***************************************			, , , , , , , , , , , , , , , , , , , ,			Andrew Company of the							
	<b>—</b>	>	None	76	-					_									
	-20		\$1-\$1,000		<del>;; ; ; </del>		<u>.</u> :	ζ;	- ; :	11.	7 457	·			. <u>4</u>			7,127	- ; ;
		<u> </u>	\$1,001-\$15,000			`.	` .		-1		H						+ 34°		
		ं व	\$15,001-\$50,000	A 3			\display="1"	alir .	-,%	11.5	- T		., 41	्ः	. X.		7,1	14	
5	-	· ` m	\$50,001-\$100,000												9.				
		. 70	\$100,001-\$250,000	4,5		7	,3 <sup>1</sup> 5,	V.		, e					- 3			<i>,</i> , ,	
ue of As	_	0	\$250,001-\$500,000																
Value of Asset			\$500,001-\$1,000,000			, .	, ;;	. 1					1	- 117			1.1	1	
<u>e</u>	7		\$1,000,001-\$5,000,000																
			\$5,000,001 \$25,000,000	1	:			7, 1	1	+ 7	·		10. 130	```					£ )
		~	\$25,000,001-\$50,000,000																
	need.		Over \$50,000,000			;	4	:"		.15						1-17	3,00	27.	
		00,000° <b>≭</b>	Spouse/DC Asset over \$1,000,0																
	ý.		NONE	- A			ć.	·`	<u></u>				<u>.</u> 6.		3 9 1	(G)			
			DIVIDENDS																
Ţ	ï		RENT							**		Ĭ	ık u				4 4	- "	. 25.
\$	$\neg$		INTEREST																
Type of income	. ign.	;:	CAPITAL GAINS				1	, r. 5			100	1		1, 1	. : j.:	100	5,3	1. iz .	-4
8	7		EXCEPTED/BLIND TRUST										,,						
3	1,	. :	TAX-DEFERRED	. : . :	11.		46.9	3 Y - 1	•	3	(0.0 1			- ://		1 2			123
		ify: e.g., Income)	Other Type of Income (Specify: o Partnership Income or Farm Inco																
	十	-	None State of the	÷	3.1	÷		2 d 1 .	rd Surviva		(6.5	EA 7						4,7 .	
	1	=	\$1-\$200			<u> </u>	.,	-			<b> </b>			·				<b></b>	-
	- 1	~; <b>555</b>	\$201-\$1,000	. 3	, - i-	: "	٠.	: 37	1/ 1		10.0	11.4				- 55	100	2.89	
		₹	\$1,001-\$2,500																
	S C		\$2,501.\$5,000	,,,,	1	4		1.,	1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1.3	-120			, (i)		100	
	ğ	≤	\$5,001-\$15,000																
	ent Year	Ş	\$15,801-\$50,000		- '						_		1/2.7 1	1.93	·		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	<b>£</b>		\$50,001-\$100,000	ļ		<u> </u>	-	<u> </u>		ļ.,	<del> </del>	_	-1.5.	ļ	:	ļ	100		<u> </u>
>		- 😾	\$100,001-\$1,000,000						1.5	<u> </u>	ļ		ļ		_	- 250		ANS	ļ
Amount of Income		×	\$1,000,001-\$5,000,000 Over \$5,000,000			. 1.7		-		.0	<del> </del>	<del> </del>		- 45	1,2%	-	3143	-	<del> </del>
5			Spouse/DC Income over \$1,000	1 1 1		<u> </u>		1.3	127	-	<del>                                     </del>			- 4	-	Α.	-	14.5	<del> </del>
nt of In	$\dashv$	- www.	None	-	.5(1)	-		-	-	1.	-	25	27	1.		1100	, e ,81		
ž		MIT.	\$1-\$200	<del>                                     </del>			<del>                                     </del>		<del>                                     </del>	<del>ٺ</del>	<del>                                     </del>	_		!	<del>                                     </del>	1 67	<del>                                     </del>		<del>                                     </del>
ž		Æ	\$201-\$1,000	<u> </u>			<u> </u>		ú∧"	1,22.7			33				1 7 7		
-	., I	77	\$1,001-\$2,500	T -	Ė	<u> </u>		1	T			T	· · ·	<u> </u>		Π	Ė	1	<u> </u>
	Preceding Year	<	\$2,501-\$5,600						5-	): ::::`			7.				. i		-
	8	<b>₹</b>	\$5,001-\$15,000																
	8	≦	\$15,001-\$50,000					12.							3.5				÷
	ğ	¥ <u>I</u>	\$50,001-\$100,000															ļ	
	7	·*.	\$100,001-\$1,000,000		<u> </u>	<u> </u>		-	L		_		1,5	41	ş.,				<u> </u>
		×	\$1,000,001-\$5,000,000	<b></b>			ļ		<u> </u>	ļ	<del> </del>	<del> </del>	<u> </u>	<u> </u>	ļ	<u> </u>	<b> </b>		<u> </u>
		<u>×</u>	Over \$6,000,000	<u> </u>	-	<u> </u>		,	<u> </u>	<u> </u>	13		ļ. ·		<del>  -</del>	1.35	1		<u> </u>
		,000,0001 ≚	Spouse/DC income over \$1,000	<u></u>						<u> </u>		<u> </u>			l	1		Ι	<b>L</b>

## SCHEDULE C - EARNED INCOME

_	_
Name: Candius M. Stearns	
Page of	
	Candius M. Stearns

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	_	Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honorarium	\$00,000	\$500 \$76,000
Examples: Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
L.	Spouse Salary	NA	WA
DF Benefits, Inc.	Salary	95,833	130,000
R & E Automated Systems, LLC	Salary	143,300	115,000
R & E Automated Systems, LLC	Bonus	0	4,500

#### SCHEDULE D - LIABILITIES

Name	
Candius M. Steams	

Page	
V	)
₫,	
L	
0	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child.

Creditor    Date   Liability   Type of Liabili	Creditor  Creditor  Creditor  Date  Liability Incurred MO/YR  MO/YR  Type of Liability  Type of Liability  NO/YR  MO/YR  MO/YR  MO/YR  S15,0001 \$100,000 \$15,000,000 \$1,000,000 \$1,000,000 \$250,000 \$250,000,000 \$250
Type of Liability   Type of Liability   Amount of Liability	Type of Liability
\$10,001- \$50,000  \$15,001- \$50,000  \$50,001- \$100,000  \$250,001- \$250,000  \$250,001- \$1,000,000  \$1,000,001- \$5,000,000  \$5,000,001- \$5,000,000  \$25,000,001- \$25,000,000  \$25,000,001- \$25,000,000	\$10,001- \$50,000  \$15,001- \$50,000  \$50,001- \$100,000  \$100,000  \$260,001- \$500,000  \$500,001- \$1,000,000  \$1,000,001- \$5,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000
\$15,001- \$50,000  \$50,000  \$100,000  \$100,001- \$250,000  \$250,001- \$500,001- \$1,000,001- \$1,000,001- \$5,000,000  \$5,000,001- \$5,000,000  \$25,000,000  \$25,000,000  \$25,000,001- \$25,000,000  \$25,000,001- \$25,000,001-	\$15,001- \$50,000  \$50,000  \$100,000  \$100,001- \$250,000  \$250,001- \$500,000  \$1,000,001- \$5,000,000  \$5,000,001- \$5,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$25,000,000  \$20,000,000  \$20,000,000
\$50,000  \$50,001- \$100,001- \$250,000  \$250,001- \$250,000  \$250,001- \$500,001- \$1,000,000  \$1,000,001- \$5,000,000  \$5,000,001- \$5,000,000  \$25,000,000  \$25,000,000  \$25,000,001- \$25,000,001- \$25,000,001-	\$50,000  \$50,001- \$100,001- \$250,000  \$250,001- \$250,000  \$250,001- \$500,001- \$500,000  \$1,000,000  \$1,000,001- \$5,000,000  \$5,000,000  \$25,000,000  \$25,000,000  Cver \$50,000,000
\$100,001- \$250,000	\$100,001- \$250,000  \$260,001- \$500,000  \$500,001- \$1,000,001- \$1,000,001- \$5,000,000  \$5,000,001- \$25,000,000  \$5,000,001- \$25,000,000  \$0  \$25,000,001- \$25,000,000
\$250,000	\$250,000 m
\$5,000,001- \$25,000,000 ± \$25,000,001-	\$5,000,001- \$25,000,000 ± \$25,000,001- \$50,000,000 C
\$5,000,001- \$25,000,000 ± \$25,000,001-	\$5,000,001- \$25,000,000 ± \$25,000,001- \$50,000,000 -
\$5,000,001- \$25,000,000 ± \$25,000,001-	\$5,000,001- \$25,000,000 ± \$25,000,001- \$50,000,000 C
\$25,000,000	\$25,000,000 \$25,000,001- \$50,000,000 Over \$50,000,000
\$25,000,001	\$50,000,000 Over \$50,000,000

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

	 			_	
		Owner	Owner	Owner & President	Position
The state of the s		DF Property and Casualty LLC	DFB TPA Services LLC	DFBenefits, Inc	Name of Organization

### SCHEDULE F - AGREEMENTS

	l	Na a	
	1	1 2	
	ı	1 0	
		Name: Candius M. Steams	
	ı	¥	
	ı	l ä	
		22	
	ı		
	ı		
	ı		
	ı		
		1	
		ł	
	ı	l	
	ı		
•	ı		
•		Page O of 10	_
	1		
	ı	$ \mathcal{D} $	
		اَّهُا	
		li <sup>*</sup>	
	ı		
	ı		
		<b>l</b> '	
	_		
		i	

identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
AND THE PERSON NAMED OF TH		

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government a	and any information considered confidential as a result of a	government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.
	Source (Name and Chy/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	See Attached Excel	See attached Excel Sheet Labeled Schedule J
	sheet	

ing a before you finder any a count fraction may be placed on the count of a place of the country of the count	ermen a man hidana in ritama makantantan hidib ar migan tah miri ca astronom	s file that a fig. their care we reproved give the company of all propositions of appearing their propositions about	€65⊅
Services	IM\s91A	lstoT TV2	
ACA Compliance HR	Tri-Country		
Services	M/s91A	FEI Services Company Total	1381
ACA Compliance HF	Tri-Country		
Services	IM\691A	The Classic Jerky Company Total	4358
ACA Compliance HF	Tri-Country		
Services	Area/MI	Scott Industries, Inc. Total	4030
ACA Compliance HR	Tri-Country		
Services	M/691A	Treva Automation Total	8753
ACA Compliance HR	Tri-Country		
Services	Area/MI	Frank Rewold and Son Inc. Total	3600
ACA Compliance HR	Tri-Country		
ZGLAICES	M/ea/MI	4D Systems Total	3482
ACA Compliance HR	Tri-Country		
Services	IM\sea	Universal Tool Total	3336
ACA Compliance HR	Tri-Country	1040 7 10 0 7 100 100 101 1	5000
Services	IM\s91A	IstoT	3280
ACA Compliance HR	Tri-Country		Vacc
Services	Area/M)	LLC) Total Great Lakes Central Railroad	3242
ACA Compliance HR	Tri-Country	Kramer Electronics USA (iRule	CVCC
Services	IM\seatA	latoT	3025
_		The Envelope Printery (deleted)	3006
ACA Compliance HR	Tri-Country	THE CONTROL OF THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY O	0007
Services	Area/MI	Campus Village Concepts Total	8862
ACA Compliance HR	Tri-Country		CT 0-
Services	_	Casadei Structural Steel, inc Total	2815
ACA Compliance HR	Tri-Country		
Services	Area/MI	lstoT (beteleted) Total	£69Z
ACA Compliance HR	Tri-Country	us Affare (1885 - 1885) usalahka barbar dagan apar 1885 nagah (Ada basanyan daban sandah masang ndanggan sa	
Services	Area/MI	Federated Service Solution Total	7892
ACA Compliance HR	Tri-Country	e. Z doch 1910 – a konstal Charles — Louis — doch dan der Gustan is den eine eine eine eine gestätt des speliere	
Services	IM\s91A	· · · · letoT	7257
ACA Compliance HR	Tri-Country	Federated Capital Corporation	
Services	Area/Mi	IstoT toennool	6452
ACA Compliance HR	Tri-Country	ا همانها متعود مورد در المداعم والرواد و المدارد الدارد الدارد الدارد الدارد الدارد الدارد الدارد الدارد الدارد	
Services	Area/MI	Total	tozz
ACA Compliance HR	Tri-Country	The Huntsman Hunt Club, Inc.	
Services	M\e91A	Colortech Graphics Total	8402
ACA Compliance HR	Tri-Country		
Services	M/s91A	Craig's Inc. Total	रहा
ACA Compliance HR	Tri-Country		<u> </u>
Services	Area/MI	S. G Fabricators Total	1859
ACA Compliance HR	Tri-Country		
Saitud	City/State	remoteu	ī
Brief Description of			
5)		· · · · · · · · · · · · · · · · · · ·	

Exp.b.t.to

#### 01708

Guardian	Michigan	Insurance Agent Commissions
Action Benefits	Michigan	Insurance Agent Commissions
Priority Health	Michigan	Insurance Agent Commissions
աոսը	Michigan	Insurance Agent Commissions
Total Healthcare	Michigan	Insurance Agent Commissions
BCB2W	Michigan	Insurance Agent Commissions
United Healthcar	Michigan	Insurance Agent Commissions
MetLife	Michigan	Insurance Agent Commissions
stlened beillA	Michigan	Insurance Agent Commissions
Humana	Michigan	Insurance Agent Commissions
4AH	Michigan	Insurance Agent Commissions
EB2O	Michigan	Insurance Agent Commissions
AHL Insurance	Michigan	Insurance Agent Commissions
Assurant Employi	Michigan	Insurance Agent Commissions
Mason McBride	IM\yo1T	Insurance Agent Commissions
Customer	Eds2\yJD	Brief Description of Services

Name: Candius Steams

Page of 10

								NOTE NUMBER
To the state of th								
								NOTES
THE PROPERTY OF THE PROPERTY O				Wilderstand Company of the Company o	:			
			Andrea de la companya	AN THEORET IN THE PROPERTY OF				
			ANTONIA DE LA COLOR DE LA COLO	With the second			ī	
					*			

FILER NOTES (Optional)

Name: Candius

Page 10 

		:									NOTE NUMBER
e constituit de la cons											
	The state of the s										
											NOTES
			And the second s				The state of the s				
					ak karagan kar			i ii i			110000000000000000000000000000000000000
				The state of the s	Separate and the separa				The transfer of the transfer o		
										MATTA SERVICE	Andrews of the state of the sta